Pennsylvania Department of Health

1 1		IDENTIFICATION NUMBER	90133		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 07/18/2023	
NAME OF PROVIDER OR SUPPLIER: LEHIGH VALLEY HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE: 1200 S CEDAR CREST BLVD					
			P.O. BOX 689					
STATE LICENSE NUMBER: 530201			ALLENTOWN, PA 18103					
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETE DATE		COMPLETE		
P 0000	INITIAL COMMENT		P 0000					
	This report is for replacement Stereotactic Hologic Affirm Prone Biopsy System, beginning on July 18, 2023. The Lehigh Valley Hospital (Outpatient Breast Health Services) attested they were in full compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Hospitals, 28 PA Code, Part IV, Subparts A and B, November 1987, as amended June 1998.							
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE					TITLE:	(X6) DATE:		

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Certified End Page

LEHIGH VALLEY HOSPITAL

STATE LICENSE NUMBER: 530201 SURVEY EXIT DATE: 07/18/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY